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PTO/SB/50 (02-01)

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: U.S. Patent and Trademark Office 2011 South Clark Place Customer Window, Mail Stop Reissue Crystal Plaza Two, Lobby, Room 1B03 Arlington, VA 22202		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Attorney Docket No.</td> <td style="padding: 2px;">SEC.316REC</td> </tr> <tr> <td style="padding: 2px;">First Named Inventor</td> <td style="padding: 2px;">Young-chan KWEON</td> </tr> <tr> <td style="padding: 2px;">Original Patent Number</td> <td style="padding: 2px;">5,811,318</td> </tr> <tr> <td style="padding: 2px;">Original Patent Issue Date (Month/Day/Year)</td> <td style="padding: 2px;">09/22/1998</td> </tr> <tr> <td style="padding: 2px;">Express Mail Label No.</td> <td style="padding: 2px;"></td> </tr> </table>	Attorney Docket No.	SEC.316REC	First Named Inventor	Young-chan KWEON	Original Patent Number	5,811,318	Original Patent Issue Date (Month/Day/Year)	09/22/1998	Express Mail Label No.															
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APPLICATION FOR REISSUE OF: (Check applicable) <input checked="" type="checkbox"/> Utility Patent <input type="checkbox"/> Design Patent <input type="checkbox"/> Plant Patent		<div style="text-align: right; font-size: small;"> 09/22 U.S. P.T.O. 10/6/2004 07/07/03 </div>																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; padding: 2px;">APPLICATION ELEMENTS (37 CFR 1.173)</th> <th style="width: 50%; padding: 2px;">ACCOMPANYING APPLICATION PARTS</th> </tr> <tr> <td style="vertical-align: top; padding: 5px;"> 1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format <i>(amended, if appropriate)</i> 4. <input checked="" type="checkbox"/> Drawing(s) <i>(proposed amendments, if appropriate)</i> 5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) <i>(37 C.F.R. § 1.175) (PTO/SB/51 or 52)</i> 6. <input checked="" type="checkbox"/> Power of Attorney 7. 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18. CORRESPONDENCE ADDRESS <input type="checkbox"/> Customer Number or Bar Code Label or <input checked="" type="checkbox"/> Correspondence address below <div style="text-align: center; font-size: x-small; margin-top: 2px;"> (Insert Customer No. or Attach bar code label here) </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 20%; padding: 2px;">Name</td> <td colspan="3" style="padding: 2px;">KENNETH D. SPRINGER</td> </tr> <tr> <td style="padding: 2px;">Address</td> <td colspan="3" style="padding: 2px;">VOLENTINE FRANCOS, PLLC</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="width: 40%; padding: 2px;">12200 SUNRISE VALLEY DRIVE, SUITE 150</td> <td style="width: 10%; padding: 2px;">Zip Code</td> <td style="width: 50%; padding: 2px;">20191</td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">RESTON</td> <td style="padding: 2px;">State</td> <td style="padding: 2px;">VA</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;">Fax</td> <td style="padding: 2px;">703-715-0877</td> </tr> <tr> <td style="padding: 2px;">Country</td> <td style="padding: 2px;">UNITED STATES</td> <td style="padding: 2px;">Telephone</td> <td style="padding: 2px;">703-715-0870</td> </tr> </table>			Name	KENNETH D. SPRINGER			Address	VOLENTINE FRANCOS, PLLC				12200 SUNRISE VALLEY DRIVE, SUITE 150	Zip Code	20191	City	RESTON	State	VA			Fax	703-715-0877	Country	UNITED STATES	Telephone	703-715-0870
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Country	UNITED STATES	Telephone	703-715-0870																							

NAME (Print/Type)	KENNETH D. SPRINGER	Registration No. (Attorney/Agent)	39,843
Signature		Date	7 July 2003

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number

SEC.316REC

Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
(A)	Total Claims (37 CFR 1.16(j))	(B)	****	Rate	Fee	Rate	Fee
15		52	32 =	x \$ 9 =	\$288	x \$ 18 =	
2	Independent claims (37 CFR 1.16(i))	5	* 2 =	x \$ 42 =	\$84	x \$ 84 =	
Basic Fee (37 CFR					\$370		
Total Filing Fee					\$742	\$	

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment	(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 52	MINUS ** 52	= 0	x \$ 9 =	\$0	x \$ 18 =	\$0
Independent Claims (37 CFR 1.16(i))	*** 5	MINUS ***** 5	= 0	x \$ 42 =	\$0	x \$ 84 =	\$0
Total Additional Fee					\$0	OR	\$0

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Applicant claims small entity status. See 37 CFR 1.27.☒ Please charge Deposit Account No. 50-0238 in the amount of \$1,484.
A duplicate copy of this sheet is☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 50-0238.
A duplicate copy of this sheet is enclosed.☐ A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

7 July 2003

Date

Signature of Applicant, Attorney or Agent of Record

KENNETH D. SPRINGER, Reg. No. 39,843

Typed or printed name